

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>8</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>Paul</i>	MI <i>D</i>	OFFICE USE ONLY Date Received <i>11/15/19</i> <i>Janu All - Gen - Annual</i>	
NICKNAME	LAST <i>Meltzer</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1914 W. Oak St Denton TX 76201</i>				<input type="checkbox"/> Change of Address
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(646)</i>	PHONE NUMBER <i>436 7847</i>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>Michael</i>	MI <i>J</i>	 Date Hand-delivered or Date Postmarked Receipt # Amount \$	
NICKNAME	LAST <i>Mike Weaver</i>	SUFFIX	 Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>9612 Applewood Trl Denton TX 76207</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(940)</i>	PHONE NUMBER <i>391-9614</i>	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month <i>7</i>	Day <i>/1/18</i>	Year <i>/18</i>	Month <i>12</i>	Day <i>/31/18</i>
11 ELECTION	ELECTION DATE <i>5/5/18</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (If any) <i>Denton City Council Place 6</i>	13 OFFICE SOUGHT (If known)			

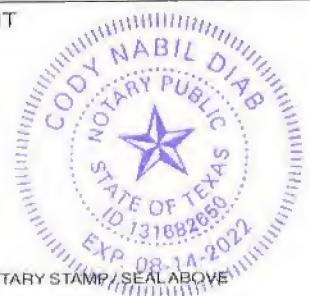
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	Paul D. Meltzer		15 Filer ID (Ethics Commission Filers)										
16 NOTICE FROM POLITICAL COMMITTEE(S)	<p>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p><input type="checkbox"/> Additional Pages</p>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME												
<input type="checkbox"/> GENERAL													
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS												
	COMMITTEE CAMPAIGN TREASURER NAME												
	COMMITTEE CAMPAIGN TREASURER ADDRESS												
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0										
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	244.40										
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	Itemized										
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$	426.95										
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	179.40										
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	12,250										

18 AFFIDAVIT



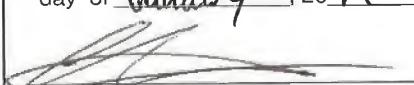
AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

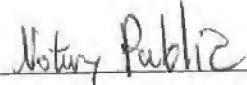
Sworn to and subscribed before me, by the said Paul Meltzer, this the 11th day of January, 2019, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Cody Nabil Diab

Printed name of officer administering oath



Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	Paul D. Meltzer	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 244.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 250
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 426.75
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 1
2 FILER NAME Paul D. Melitzer			3 Filer ID (Ethics Commission Filers)
4 Date 7/10/18	5 Full name of contributor Pay Pal transfer	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 190.00
6 Contributor address; City; State; Zip Code			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/2/18	Full name of contributor charter communications Refund	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 54.50
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Paul D. Meltzer		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 9/14/18	7 Name of lender Paul D. Meltzer	8 out-of-state PAC (ID#: 9 Loan Amount (\$) 250.00
6 Is lender a financial institution? Y N	8 Lender address; 1914 W. Oak St. Denton TX 76201	10 Interest rate
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Paul D. Meltzer	3 Filer ID (Ethics Commission Filers)	
4 Date 7/2, 8/2 9/4, 10/31/18	5 Payee name Google G Suite		
6 Amount (\$) 85.28	7 Payee address; City; State; Zip Code Google.com		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 7/6	Payee name Constant Contact		
Amount (\$) 47.97	Payee address; City; State; Zip Code constantcontact.com		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 7/17, 8/16 9/13, 10/16, 11/2 2018	Payee name FSB (First State Bank)		
Amount (\$) 25.00	Payee address; City; State; Zip Code Po Box 10, Gainesville, TX 76241		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expenses
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Paul D. Meltzer</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/25/18</i>	5 Payee name <i>First State Bank</i>		
6 Amount (\$) <i>27.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 10 Gainesville, Tx 76241</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting Banking</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>10/23</i>	Payee name <i>Post Push Media * Delinquent bill from 1/18</i>		
Amount (\$) <i>217.34</i>	Payee address; City; State; Zip Code <i>207 W. Hickory St # 312 Denton, Tx 76201</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>12/31/18</i>	Payee name <i>Mike Weaver</i>		
Amount (\$) <i>12.67</i>	Payee address; City; State; Zip Code <i>Office Depot San Jacinto Denton Tx 76205</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Paul D. Meltzer	3 Filer ID (Ethics Commission Filers)
4 Date 11/2/18	5 Payee name Google G suite	
6 Amount (\$) 11.69	7 Payee address; City; State; Zip Code Google.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Date	Payee name	Office sought	Office held
Amount (\$)	Payee address; City; State; Zip Code		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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